HERITAGE NURSING HOME			
1119 NORTH WISCONSIN STREET			
PORT WASHINGTON 53074 Phone: (262) 284-5892		Ownershi p:	Corporati on
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/00):	54	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/00):	54	Average Daily Census:	52
Number of Residents on 12/31/00:	48	o v	

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Services Provided to Non-Residents			Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
	Home Health Care Supp. Home Care-Personal Care	No   No	Primary Diagnosis	%   	Age Groups	% 	Less Than 1 Year 1 - 4 Years	31. 3 68. 8
	Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6. 3	More Than 4 Years	0. 0
	Day Servi ces	No	Mental'Illness (Org./Psy)	35. 4	65 - 74	10. 4		
	Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	25.0		100.0
	Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	47. 9	*********	******
	Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0. 0	95 & 0ver	10. 4	Full-Time Equivale	nt
	Congregate Meals	No	Cancer	2. 1			Nursing Staff per 100 R	esi dents
	Home Delivered Meals	No	Fractures	12. 5		100.0	(12/31/00)	
	Other Meals	No	Cardi ovascul ar	10. 4	65 & 0ver	93. 8	[	
	Transportation	No	Cerebrovascul ar	8. 3			RNs	12. 2
	Referral Service	No	Di abetes	6. 3	Sex	%	LPNs	5. 0
	Other Services	Yes	Respi ratory	4. 2			Nursing Assistants	
	Provi de Day Programming for	İ	Other Medical Conditions	20. 8	Male	18. 8	Aides & Orderlies	38. 2
	Mentally Ill	No			Female	81. 3		
	Provi de Day Programming for			100. 0				
	Developmentally Disabled	No				100. 0		
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## Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)			Other Private			Pay		Manage	ed Care	Percent			
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	Ü	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	6	100.0	\$280.49	24	92. 3	\$107.38	0	0. 0	\$0.00	14	100.0	\$123.57	2	100.0	\$417.00	46	95. 8%
Intermedi ate				2	7.7	\$87. 83	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	2	4. 2%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	it 0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	6	100.0		26	100. 0		0	0.0		14	100.0		2	100.0		48	100.0%

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti on	s, Servi ces,	and Activities as of	12/31/00
Deaths During Reporting Period				% N	eedi ng		Total
Percent Admissions from:		Activities of	%		tance of	% Totally	Number of
Private Home/No Home Health	4.8	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	0.0		70. 8	29. 2	48
Other Nursing Homes	19. 4	Dressi ng	8. 3		62. 5	29. 2	48
Acute Care Hospitals	71.0	Transferring	10. 4		62. 5	27. 1	48
Psych. HospMR/DD Facilities	0.0	Toilet Use	10. 4		58. 3	31. 3	48
Rehabilitation Hospitals	1.6	Eating	<b>58</b> . 3		18. 8	22. 9	48
Other Locations	3. 2	*******************	******	******	*********	*********	******
Total Number of Admissions	62	Continence			pecial Treat		- %
Percent Discharges To:		Indwelling Or Externa		10. 4		espiratory Care	0. 0
Private Home/No Home Health	11.8	Occ/Freq. Incontinent		<b>54</b> . 2		racheostomy Care	0. 0
Private Home/With Home Health	10. 3	Occ/Freq. Incontinent	of Bowel	20. 8	Receiving S		0. 0
Other Nursing Homes	7.4				Receiving (		6. 3
Acute Care Hospitals	26. 5	Mobility				ube Feeding	8. 3
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	8. 3	Recei vi ng M	Æchanically Altered Di	ets 37.5
Rehabilitation Hospitals	0. 0			_			
Other Locations	2. 9	Ski n Care				t Characteristics	
Deaths	41. 2	With Pressure Sores		8. 3		ce Directives	100. 0
Total Number of Discharges		With Rashes		2. 1 M	ledi cati ons		
(Including Deaths)	68				Receiving I	sychoactive Drugs	47. 9
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		Ownershi p:		Bed Size:		Li censure:			
	Thi s	Propri etary		50- 99		Skilled		Al l	
	Facility	Peer	Peer Group		Group	Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96. 3	74. 6	1. 29	86. 1	1. 12	81. 9	1. 18	84. 5	1. 14
Current Residents from In-County	83. 3	84. 4	0. 99	90. 2	0. 92	85. 6	0. 97	77. 5	1.08
Admissions from In-County, Still Residing	22. 6	20. 4	1. 11	22. 1	1. 02	23. 4	0. 96	21. 5	1.05
Admissions/Average Daily Census	119. 2	164. 5	0. 72	168. 8	0.71	138. 2	0. 86	124. 3	0. 96
Discharges/Average Daily Census	130.8	165. 9	0. 79	169. 2	0. 77	139. 8	0. 94	126. 1	1.04
Discharges To Private Residence/Average Daily Census	28. 8	62. 0	0.47	70. 9	0.41	48. 1	0. 60	49. 9	0. 58
Residents Receiving Skilled Care	95. 8	89. 8	1. 07	93. 2	1.03	89. 7	1. 07	83. 3	1. 15
Residents Aged 65 and Older	93. 8	87. 9	1. 07	93. 4	1.00	92. 1	1. 02	87. 7	1.07
Title 19 (Medicaid) Funded Residents	<b>54. 2</b>	71. 9	0. 75	51. 5	1.05	65. 5	0.83	69. 0	0. 79
Private Pay Funded Residents	29. 2	15. 0	1. 94	36. 3	0.80	24. 5	1. 19	22. 6	1. 29
Developmentally Disabled Residents	0. 0	1. 3	0.00	0. 4	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Résidents	35. 4	31. 7	1. 12	33. 0	1.07	31. 5	1. 13	33. 3	1.06
General Medical Service Residents	20.8	19. 7	1.06	24. 2	0.86	21.6	0. 96	18. 4	1. 13
Impaired ADL (Mean)	<b>55. 4</b>	50. 9	1.09	48. 8	1. 13	50. 5	1. 10	49. 4	1. 12
Psychological Problems	47. 9	<b>52.</b> 0	0. 92	47. 7	1.00	49. 2	0. 97	50. 1	0. 96
Nursing Care Required (Mean)	7.8	7. 5	1. 04	7. 3	1.07	7. 0	1. 11	7. 2	1.09